



CITY OF SOLANA BEACH
635 South Highway 101
Solana Beach, CA 92075

APPLICATION FOR FIREARMS DEALERS PERMIT
APPLICATION MUST BE SUBMITTED IN PERSON
 (858) 720-2403 For Appointment

PLEASE PRINT

Name: _____
Last First Middle

All Other Names Used: _____

Date of Birth: _____ Sex: Male Female Place of Birth: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Driver's License #: _____ State: _____ SSN: _____

Residence Address: _____

Home Phone _____ Work Phone _____

LIST BELOW ALL CHARGES RESULTING IN CONVICTION OR PLEA OF NOLO CONTENDERE:

<u>DATE</u>	<u>CHARGE</u>	<u>INVESTIGATING AGENCY</u>	<u>DISPOSITION</u>

Business Name: _____ Phone _____

Business Address: _____

Are you the sole owner of the business? Yes No If no, have all partners or business associates complete the miscellaneous identification sheet. (If additional sheets are needed, copy the one attached.)

State Sales Permit #: _____

Owner of Premise: _____ Phone _____

Address: _____

List Hours of Operation Open for Public Sales

_____ Sunday _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday

ALL APPLICANTS MUST BE IN COMPLIANCE WITH CHAPTER 44, TITLE 18 OF THE UNITED STATES CODE AND ARTICLE 4 OF THE CALIFORNIA PENAL CODE PRIOR TO APPROVAL.

APPLICATION FOR FIREARMS DEALER PERMIT (Continued)

What types of firearms will you be dealing in (check all that apply)?

Concealable Only Non-Concealable Both New Used

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE TO HAVING ALL REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U.S. MAIL TO THE ADDRESS GIVEN ON THIS APPLICATION. I HAVE READ AND UNDERSTAND THE SECTIONS OF THE SOLANA BEACH MUNICIPAL CODE DEPARTMENT TO FIREARMS DEALERS.

**Certain information provided in this application may be disclosed pursuant to valid requests for public information.

Signature of Applicant

Date

YOU ARE REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:
(INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED)

1. Photo identification (California driver's license or state-issued identification card only).
2. Four (4) photographs measuring 2"x2" – photos can be taken at no charge in our office by appointments.
3. Fee in the amount of & fee for each additional owner or partner (new) (renewal). **FEES ARE NONREFUNDABLE.**
4. Legal description of the property where the activity will occur **;
5. A document showing that the applicant is the owner of the premises, or an agreement in writing by the owner permitting such use of the premises **.
6. Fictitious Name Registration. If a corporation, a copy of the corporate papers issued by the State of California **.
7. Miscellaneous identification sheet, identification card and fingerprints for business manager, if other than business owner, and all officers of corporation.
8. Copy of current ATF permit.
9. Copy of current State of California Department of Justice Certificate of Eligibility.
10. Miscellaneous identification sheet for any additional owners or partners.
11. Business Registration Certificate from the City of Solana Beach.

** Items #4, 5 & 6 for new applications only.

PLANNING DEPARTMENT
Approved Disapproved

CODE COMPLIANCE/FIRE DEPARTMENT
Approved Disapproved

Reason: _____

Reason: _____

By: _____ Date _____

By: _____ Date: _____

Accepted by: _____

Date: _____

APPLICATION FOR FIREARMS DEALER PERMIT (Continued)
COMPANY EMPLOYEES ENGAGED IN WEAPONS TRANSACTIONS
(PLEASE PRINT)

NAME	SSN	Hgt.	Wgt.
Residence Address	Home Phone	Hair	Eyes
City/State/Zip	Date of Birth	Driver's License # and State	
NAME	SSN	Hgt.	Wgt.
Residence Address	Home Phone	Hair	Eyes
City/State/Zip	Date of Birth	Driver's License # and State	
NAME	SSN	Hgt.	Wgt.
Residence Address	Home Phone	Hair	Eyes
City/State/Zip	Date of Birth	Driver's License # and State	
NAME	SSN	Hgt.	Wgt.
Residence Address	Home Phone	Hair	Eyes
City/State/Zip	Date of Birth	Driver's License # and State	
NAME	SSN	Hgt.	Wgt.
Residence Address	Home Phone	Hair	Eyes
City/State/Zip	Date of Birth	Driver's License # and State	

